PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10769699

CLAIMS AS FILED - PART I												
_			(Column 1) (Column 2)			SMALL ENTITY TYPE			^r	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		,	RATE BASIC FEE	FEE 300.00
TOTAL CHARGEABLE CLAIMS			m	minus 20=		•			+	40+		300.00
INDEPENDENT CLAIMS			minus 3 =					X\$ 25=		OF	X\$50=	
II—		NDENT CLAIM F						X100=		OR	X200=	
┞				ess than zero, enter "0" in				+180=		ОЯ	+360=	
							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) (La)(CLAIMS - HIGHEST							_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	8/1005	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total Independent	* 7	Minus Minus	** 0	20/			X\$ 25=		OR	X\$50=	
₹		ENTATION OF MI		PENDENT	<u> </u>			X100=		OR	X200=	
				CNOCIVI	O CAMIN			+180=		OR	+360=	
							-	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	Column 3)	A	DDIT. FEE	L	J • · · ·	ADDIT. FEE	
8		CLAIMS		HIGHE		Column 3)				1 1		
NDMENT	·	REMAINING AFTER AMENDMENT	·	PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ;		=		X\$ 25=		OR	X\$50=	
AM	Independent	*	Minus	***		<u> </u>		X100=		OR	X200=	
	FINO! FNESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		┢	+180 =		Un		
	•									OR	+360=	
		AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT, FEE						
		(Column 1) CLAIMS		(Column		Column 3)						Į
MEN		REMAINING AFTER AMENDMENT	.• ··	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-		X	(\$ 25=			X\$50=	
	Independent		Minus	***	=		-	(100=		OR I		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		Ľ	(100=		OR	X200=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL										OR	+360=	
¦	the "Highest Nun	nber Previously Paix nber Previously Paid per Previously Paid	I For IN THIS I For IN THIS	SPACE is le	ess than 2	0, enter "20."		TOTAL DIT. FEE in the appr		Al in colu	TOTAL DDIT. FEE onn 1.	
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